L23000055974

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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Y. SCOTT MAY 1 3 2023

COVER LETTER

TO: Registration Ser Division of Cor		,	
Savvy Scho	eduling, LLC	*,•	• .
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Amy Trout		
		Name of Person	
		Firm/Company	
		rumcompany	2023
	35604 Wickingham Ct.		2023 HAR 28
		Address	28 j
	Zephyrhills, FL. 33541		·
		City/State and Zip Code	
	savvyscheduling@outlook.		PH 3: 03
For further information of	e-mail address: (to be used for future annual report no all:	titication)
Amy Trout	-	303 241-2789	
Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632		The Centre of	
Tallahassee, l	LL 32314	Z415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our re liability Company)	cords.)		
The Articles of Organization for this Limited Liability Company were filed on 1/30/2023 Florida document number 1.23000055974				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "	LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:		5.57	2023	
(Principal office address MUST BE A STREET ADDRESS)			1AR	
			28	
Enter new mailing address, if applicable:		30	بن الم	
(Mailing address MAY BE A POST OFFICE BOX)		1-1-2-1	<u></u>	
Multing dudress MAT BE AT OST OFFICE BOAY				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>er</u>	iter the nam	e of the new reg	
New Registered Office Address:	Enter Florida street ad	ldress		
		, Florida		
	City	. 1 101100	Zip Code	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Amy Trout	35604 Wickingham Ct. Zephyrhills, FL. 33541	□Add
			□Remove
		Change from MGR to MGRM.	= Change
			□Add
			□ Remove
			□Change
		2023 TW 2010 Y	Add Remove Change
			⊃ C. □Add
			□Remove
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			□Add
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fective date, if other than the an effective date is listed, the date must	date of filing:	be prior to date of fi	ing or more than 90	(optio	nal) filing.) P	ursuant to 605.	.020
ote: If the date inserted in this blocument's effective date on the D	lock does not meet the	applicable statute					
	- F						
record specifies a delayed effective is filed.	ve date, but not an effe	ective time, at 12:0)1 a.m. on the ear	lier of: (b)	The 9	00th day after	r the
March 22	2023	3					
aicu		· · ·	1				

Typed or printed name of signee